

NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Lumbar Subarachnoid Drainage System Management – Manages care and seeks to prevent complications in patients requiring lumbar subarachnoid system management.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Correlates individual's pathophysiology to the purpose of the drainage system..	1	2	3	4	V			Unit Orientation <u>NPCS Procedure:</u> Lumbar Subarachnoid Drainage System: Collection Bag Change, Drainage System Change and Obtaining a CSF Specimen from the Drainage System <u>NPCS SOP:</u> Lumbar Subarachnoid Drainage System, Care of the Patient with Experience with preceptor	
2. Prepares equipment for insertion of Lumbar Subarachnoid Drainage System.	1	2	2	2	D, V				
3. States procedure for insertion of a lumbar subarachnoid drainage system.	1	2	3	4	D, V				
4. Identifies potential risk for developing adverse effects or complications.	1	2	3	4	D, V				
5. Monitors the patient for adverse effects and complications and intervenes as appropriate.	1	2	3	4	D, DR, V				
6. Communicates changes in patient status to appropriate health care team members.	1	2	3	4	D, DR, V				
7. Documents per NPCS guidelines.	1	2	3	4	DR				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:_____